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FOR ACTION

RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE ASIA REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES

SUMMARY

The present document contains recommendations for supplementary funding in countries in the Asia region for which no recommendations for funding from general resources are requested at the 1992 Executive Board session. The project proposal submitted here is aimed at expanding or complementing ongoing programmes in the country concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amount for the project listed below, subject to the availability of specific-purpose contribution.

Country/programme	Amount (United States dollars)	Duration
Thailand	$3 170 000	1992-1993

A summary of the recommendation follows. A table setting out the planned annual phasing of expenditure is given at the end of the document.

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THAILAND

Basic data (1990 unless otherwise stated)

U5MR: 34	Child population (0-15 years): 19.4 million
IMR: 26	Literacy (male/female): 93/96 per cent
GNP per capita (1991): $1,420	Access to health services: 70 per cent

One-year-olds fully immunized against:

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	92 per cent
measles:	80 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	79 per cent (1989)

Acquired immune deficiency syndrome

1. Thailand is facing an epidemic of acquired immune deficiency syndrome (AIDS), which is compounded by relatively recent economic and social changes. While striking all age-groups, AIDS is particularly devastating for women, young people and infants. At the end of 1991, the Ministry of Public Health estimated that approximately 250,000 to 300,000 persons were human immunodeficiency virus (HIV)-positive.

2. In 1991, the Government of Thailand decisively accelerated its programmes aimed at HIV/AIDS prevention. If there is significant behavioural change as a result of programme acceleration, the epidemic's growth can be slowed. Projections indicate that reducing the number of people's sexual partners by half, doubling condom use from the current level of 30 per cent to 60 per cent and treating sexually transmitted diseases (STDs) will result in 3.5 million fewer people becoming infected by the year 2000.

3. To control this situation effectively, public education programmes on the scale required will involve mobilizing large numbers of personnel from government organizations and non-governmental organizations (NGOs), voluntary services and international development agencies, and require resources beyond those of the Government.

Magnitude of the problem

4. In December 1990, the Ministry of Public Health estimated that approximately 200,000 Thais were HIV-positive. Preliminary analysis from a sentinel survey in June 1991 indicated that an additional 50,000 to 100,000 Thais became infected in the first six months of 1991, raising the cumulative total of infected persons to between 250,000 and 300,000. Of the 332 reported

full-blown cases, 191 are still alive and 141 have died; 13 were babies who had contracted the virus from their mothers.

5. Most alarming is the increase in HIV prevalence as reported by antenatal clinics. Official data for June 1990 showed a zero per cent prevalence rate; by December 1990, the rate had increased to 0.30 per cent, and by June 1991 it had more than doubled to 0.68 per cent. The actual national rate at present is expected to be much greater, as reflected by statistics of over 3 per cent from some provinces.

6. Population projections based on the 1980 census show that by 1991, there were over 12 million Thais aged 15 to 24 years, and that 72 per cent of this group was single. Sexual activity is common among adolescent males and much less so among adolescent females. A study conducted in 21 private and government secondary schools showed that almost one third of male students in grade 12 were sexually active. Only half of the sexually active males reported having employed protective measures, predominantly condoms.

Trends

7. Epidemiological projects have shown that while at present more males are now infected, by the year 2000 more women will be infected than men, mainly in the 14- to 34-year age-group. Urban prevalence rates among the general population will increase from 0.9 to 11.2 per cent, while rural prevalence rates will increase from 0.12 to 2.5 per cent between 1991 and 2000. The same models also predict rising rates of HIV-infected pregnant women, deaths of children under five years of age and to AIDS and AIDS-related complex (ARC), and children orphaned by AIDS/ARC.

Prior UNICEF assistance

8. In 1990, UNICEF began to collaborate with a range of government agencies and NGOs, most notably the Thai Red Cross, and to provide assistance to HIV/AIDS prevention projects. Collaboration expanded in 1991, with NGOs receiving almost 60 per cent of UNICEF assistance, mainly in the areas of health education and counselling. In 1992 and 1993, UNICEF plans to expand its activities with increased and new programme initiatives.

Proposed programme of cooperation, 1992-1993

Objectives

9. The programme's main objectives focus on strengthening and sustaining national capacity:

(a) To prevent heterosexual transmission of HIV among young people between 10 and 29 years of age and women of child-bearing age (15-44 years);

(b) To prevent perinatal HIV infection of infants as well as young children five years of age and under;

(c) To promote compassionate care for HIV-infected individuals and their families, including infants with HIV and children of infected mothers, in order to reduce the adverse impact of AIDS/ARC.

10. To fulfil those major objectives, the programme has specific objectives that represent three major programme components:

(a) HIV/STD services, to provide the following services to at-risk rural and urban young people at acceptable and affordable levels: STD diagnosis and treatment; AIDS and STD information and education; anonymous HIV testing and counselling;

(b) Education, to increase and sustain capacity and skills for avoiding high-risk sexual behaviour through reduction of the number of sexual partners and increased demand for and proper use of condoms;

(c) Policy issues and programmes, to facilitate the establishment of rational and culturally acceptable policies and strategies for the prevention of HIV infection that will also reduce the adverse socio-economic and health impacts of AIDS/ARC on vulnerable groups, especially women, infants, young people and families.

Strategies

11. The overall strategy of the programme has three major, interrelated elements. First, it aims to educate youth about HIV/AIDS. Second, it aims to expand the coverage and relevance of STD/HIV services for youth and women. Third, it addresses a number of related policy and programme issues in support of the first two elements and those related specifically to children and mothers.

12. The programme will use a public health communication approach to influence positively preventive behaviour and the health-related practices of target groups and their associated audiences. The approach will rely on principles and methods of medical anthropology, behaviour analysis, social marketing, instructional design and mass communication.

13. STDs are recognized as one of the major elements contributing to the transmission of HIV. The service delivery element of the programme aims to provide improved, relevant and accessible STD and HIV services to rural and urban young people from lower socio-economic groups.

14. For rural youths, two basic strategies will be adopted. The first, termed the "district strategy", will develop or establish an STD/HIV service within district hospitals. The second strategy will strengthen STD/HIV services within the antenatal care, maternal and child health and family planning services of district hospitals.

15. Two other strategies address the situation of urban youth. The first focuses on providing STD/HIV services to low-income urban youth, while the

second focuses specifically on providing STD/HIV education to young factory workers.

16. Operational research will be encouraged to establish more effective programme linkages with private health care providers and NGOs and to provide preventive counselling services at existing health care facilities.

17. Behavioural change strategies will involve (a) assessing the extent of HIV/STDs among each target group; (b) analysing the causes of HIV/STDs in terms of individual, social, cultural and environmental factors associated with current lifestyles and sexual practices; and (c) action research and the development of appropriate, complementary and mutually supportive mass media and interpersonal education programmes aimed at specific target groups.

Target groups

18. Target groups, comprising women and young people, are classified according to occupational or educational factors. They include:

(a) Rural and urban youth. Factory workers, construction workers, fishermen, teenagers (including teenage mothers), slum dwellers and hill tribes;

(b) Formal education participants. Students, teachers and administrators of primary, secondary and vocational schools;

(c) Out-of-school youth. Unemployed and/or hard to reach persons, including adolescents, slum dwellers, street children, the homeless and teenage peer groups;

(d) Women of child-bearing age: Asymptomatic women attending family planning and antenatal care clinics.

19. Within the three components of the present programme - HIV/STD services, education and policy issues/programme concerns - 11 projects have been designed in collaboration with government ministries and major NGOs. The specific projects will involve STD diagnosis and treatment as well as anonymous HIV testing and counselling in the district-based, safe motherhood, urban youth and factory youth projects.

20. AIDS and STD information and education, combined with training activities, will be the emphasis of the projects for primary and secondary school curriculum development, teacher training, vocational training colleges and municipal primary schools. Within the policy issues and programme concerns component, research and workshops dealing with AIDS families and orphans, paediatric AIDS and youth behaviour, values and attitudes will be the main activities.

Programme implementation and coordination

The 11 projects will be implemented by the relevant government agencies, notably the Ministries of Public Health, Education and Interior and by national NGOs. The UNICEF area office will coordinate the various activities in collaboration with the Department of Technical and Economic Cooperation and the National AIDS Policy, Planning and Coordination Bureau in the Office of the Prime Minister.

Monitoring and evaluation

22. Monitoring and evaluation, including rapid assessments, will be developed in collaboration with related government and non-government agencies to ensure timely programme implementation and to assess the effectiveness of strategies in relation to the specific target groups.

23. Monitoring will ensure that health education materials are pre- and post-tested; cultural specificity, values and attitudes of the target groups are effectively taken into account; and projects influence behavioural change and lead to a reduction in the rate of HIV/STD transmission. Epidemiological surveillance of STDs/HIV will be improved through regular reporting from national and district levels.

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1992	1993	Total
Programme management	60	90	150
HIV/STD services	780	1 170	1 950
Education	190	310	500
Policy issues	195	275	470
Rapid assessments, monitoring and evaluation	40	60	100
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